## Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*
First Name:*_____ Last  Name:*_____

Middle Name:_____Suffix: _____

## Step 2: Project Update/Annual Assessment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:*_____

Case Assignment:*:_____

Covered by Health Insurance:*
- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type:*
- ☐ Private - COBRA
- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- ☐ Military Insurance
- ☐ Other Public
- ☐ State Funded (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other_____

Status:*
- ☐ Active
    - ☐ Start Date:_____
    - ☐ End Date:_____
- ☐ No
    - ☐ Applied; decision pending      ☐ Client Doesn't Know
    - ☐ Applied; client not eligible      ☐ Client Refused
    - ☐ Client did not apply      ☐ Data Not Collected
    - ☐ Insurance type N/A for this client

HMIS Barriers Assessment:*

| Barriers:* | Barrier Present? | Receiving Services/Treatment? | Condition Indefinite? | Documentation on File? |
|---|---|---|---|---|
| Alcohol Abuse | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| Developmental Disability | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| Drug Abuse | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| HIV/AIDS | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| Mental Health | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| Physical Disability | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |
| Chronic Health Condition | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No<br>☐ Client Doesn't Know<br>☐ Client Refused<br>☐ Data Not Collected | ☐ Yes<br>☐ No |

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**
- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*
- ☐ Yes      ☐ No
- ☐ Client Doesn't Know   ☐ Client Refused
- ☐ Data Not Collected

If yes, when experience occurred:*
- ☐ Within the past three months
- ☐ Three to six months ago (excluding 6 months exactly)
- ☐ Six months to one year ago (excluding 1 year exactly)
- ☐ One year ago or more
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Currently Fleeing:*
- ☐ Yes      ☐ No
- ☐ Client Doesn't Know   ☐ Client Refused
- ☐ Data Not Collected

Medical Assessment:*

Medical Assistance Type:*
- ☐ Receiving public HIV/AIDS medical assistance
  - ☐ Yes      ☐ No

- ☐ Receiving AIDS Drug Assistance Program (ADP
  - ☐ Yes      ☐ No

If No, Reason No (if applicable):
- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client Did Not Apply
- ☐ Insurance Type N/A for this Client
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, Reason No (if applicable):
- ☐ Applied; decision pending
- ☐ Applied; client not eligible
- ☐ Client Did Not Apply
- ☐ Insurance Type N/A for this Client
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

T-Cell (CD4) Count Available:*
- ☐ Yes      Date:*_____   T-Cell Count:*_____   ☐ Client Report
- ☐ No                                                                  ☐ Medical Report
- ☐ Client Doesn't Know                                                 ☐ Other
- ☐ Client Refused
- ☐ Data Not Collected

Viral Load Available:*
- ☐ Available      Date:*_____   Viral Load:*_____   ☐ Client Report
- ☐ Not Available                                                          ☐ Medical Report
- ☐ Undetectable                                                          ☐ Other
- ☐ Client Refused
- ☐ Data Not Collected

Financial Assessment:*    Cash Income:*    ☐ Yes    ☐ No

- ☐ Earned Income $_____
- ☐ Private Disability Insurance $_____
- ☐ Unemployment Insurance $_____
- ☐ Worker's Compensation $_____
- ☐ Pension From Former Job (VA Included) $_____
- ☐ Supplemental Security Income  $_____
- ☐ Social Security Disability Income $_____
- ☐ Retirement (Social Security)  $_____
- ☐ Alimony  $_____
- ☐ VA Service-Connected Disability $_____
- ☐ VA NonService-Connected Disability $_____
- ☐ TANF $_____
- ☐ Child Support $_____
- ☐ Other Income $_____

Adult Education Assessment:*

Currently in School/Working on Degree:

- ☐ Yes                      ☐ No
- ☐ Client Doesn't Know    ☐ Client Refused
- ☐ Data Not Collected

Received Vocational Training/Apprenticeship:

- ☐ Yes                      ☐ No
- ☐ Client Doesn't Know    ☐ Client Refused
- ☐ Data Not Collected

Highest Grade Completed:*

- ☐ School program does          ☐ High School Diploma
  not have grade levels          ☐ GED
- ☐ Less than grade 5            ☐ Some college
- ☐ Grades 5-6                   ☐ Client Doesn't Know
- ☐ Grades 7-8                   ☐ Client Refused
- ☐ 9th Grade                    ☐ Data Not Collected
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, no diploma

Attendance Status:

- ☐ Attending school regularly    ☐ Suspended
- ☐ Attending school irregularly  ☐ Expelled
- ☐ Graduated from high school    ☐ Client Doesn't Know
- ☐ Obtained GED                  ☐ Client Refused
- ☐ Dropped out                   ☐ Data Not Collected
- ☐ Suspended

Secondary Education:

- ☐ Associates Degree    ☐ Doctorate                                      ☐ Client Doesn't Know
- ☐ Bachelors            ☐ Other Graduate/Professional Degree             ☐ Client Refused
- ☐ Masters             ☐ Certificate of Advanced Training or Skilled Artisan    ☐ Data Not Collected

Non Cash Benefits:*  ☐ Yes   ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card
  $_____
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. (PSH)
  $_____
- ☐ Temporary Rental Assistance (RRH) $_____
- ☐ Other Source

Child Education Assessment:*

Highest Grade Completed:*

- ☐ School program does     ☐ 12 Grade, no diploma
- ☐ not have grade levels   ☐ High School Diploma
- ☐ Less than grade 5       ☐ GED
- ☐ Grades 5-6              ☐ Some College
- ☐ Grades 7-8              ☐ Client Doesn't Know
- ☐ 9th Grade               ☐ Client Refused
- ☐ 10th Grade              ☐ Data Not Collected
- ☐ 11th Grade

Current Enrollment Status:*

- ☐ Yes                      ☐ No
- ☐ Client Doesn't Know    ☐ Client Refused

If Yes, Type of School:

- ☐ Public School            ☐ Technical/Career
- ☐ Homeschool               ☐ Client Doesn't Know
- ☐ Charter                  ☐ Client Refused
- ☐ Parochial or Other Private School

School Name:_____

Connected w/McKinney-Vento School Liaison?

- ☐ Yes                      ☐ No
- ☐ Client Doesn't Know    ☐ Client Refused

If not enrolled, Last Enrollment Date:_____

Reason Not Enrolled:_____

_____

*Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at www.IndianaBOS.org.*